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appropriate. All further indicated unless correct maintenance fee notification.	correspondence including ted below or directed of attors.	ng the Patent, advance o herwise in Block 1, by (correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
MORRISON & 12531 HIGH BI SUITE 100		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SAN DIEGO, C	CA 92130-2040						(Depositor's name)
			<u> </u>				(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO)R	ATTORNEY DOCKET NO		CONFIRMATION NO.
10/823,494			Gary Bridger			91442006300	6459
TITLE OF INVENTION	N: CXCR4 CHEMOKINI	E RECEPTOR BINDING	COMPOUNDS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	09/07/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
	NORTHINGTON	1625	514-340000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Genzyme Corpo	less an assignee is ident th in 37 CFR 3.11. Comp GNEE oration	pletion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT Cambridge, MA	patent. If an assign n assignment. TY and STATE OR	COUNTI	RY)	ocument has been filed for
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual ☐ C	orporatio	on or other private gro	oup entity Government
4a. The following fee(s) ☑ Issue Fee ☑ Publication Fee (N ☑ Advance Order -	No small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1952 (malest approach to the form).					
5. Change in Entity Sta	-	,	_			· * · ·	
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Authorized Signature	/Kate H. Mura		Date	Augu	st 31, 2007		
	eKate H. Mura	·	Registration 1	No29	9,959		
, 8		FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th O NOT SEND FEES OR (persons are required to res		r retain a benefit by estimated to take 12 lividual case. Any co cer, U.S. Patent and TO THIS ADDRES	the public minutes omments Tradema S. SEND	c which is to file (and to complete, includin on the amount of tin ark Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.

PTOL-85 (Rev. 07/06) Approved for use through 06/30/2007.